

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on May 17, 2005

Belinda K. Weiss
Belinda K. Weiss

In Re Application of:

McLampy et al.

Serial No.: 09/844,992

Filed: April 27, 2001

Confirmation No.: 1364

Group Art Unit: 2665

Examiner: HO, Duc Chi

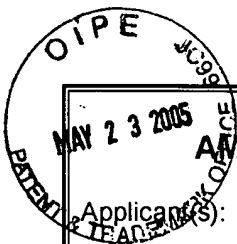
Docket No.: 50115-1030

For: System and Method for Assisting in Controlling Real-Time Transport Protocol Flow Through Multiple Networks Via Use of a Cluster of Session Routers

The following is a list of documents enclosed:

Return Postcard
RCE Transmittal;
Amendment Transmittal;
Amendment
Supplemental IDS with Cited References
Check for \$970.00 (\$790 for RCE filing fee; and \$180 for Supplemental IDS)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (SMALL)**

Applicant(s): MeLampy

Docket No.

50115-1030

Serial No.
09/844,992Filing Date
April 27, 2001Examiner
HO, Duc ChiConfirmation No.
1364Group Art Unit
2665Invention: **System and Method for Assisting in Controlling Real-Time Transport Protocol Flow Through Multiple Networks Via Use of a Cluster of Session Routers**Commissioner for Patents
Mail Stop RCE
P.O. Box 1450
Alexandria VA 22313-1450

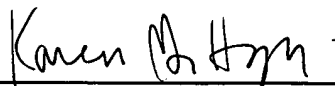
Transmitted herewith is Amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	62 -	62 =	0	X \$25.00	\$
INDEP. CLAIMS	3 -	3 =	0	X \$100.00	\$
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$60.00	2 ND MONTH <input type="checkbox"/> \$225.00	3 RD MONTH <input type="checkbox"/> \$510.00	4 TH MONTH <input type="checkbox"/> \$795.00	\$
Other Fees: RCE (\$395 - Small Entity) and Supplemental IDS (\$180.00)					\$575.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$575.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☒ A check in the amount of \$575.00 to cover the filing fee of the RCE & Supplemental IDS are enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$_____.
- ☐ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Karen G. Hazzah, Reg. No. 48,472May 17, 2005
Date